

Foster Family Home - Corrective Action Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-5

91-824 Moneha Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/4/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b) Staff sign in sign out log: no entry in log since 10/18/19 although SCG have been used

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(8)not dated or signed for client # 3

54.(c)(5) no December 2019 Medication Administration record for client 2 and 3

Jackie Chamberlain RN
Compliance Manager
Imelda B. De Jesus
Primary Care Giver

12/4/19
Date
12/4/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Imelda B. DeJesus

CCFFH Address: 91-824 Moneha Place Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P(b)2	Previous Lapse in sign in sign out sheet for 3 client home cannot be corrected	12/04/19	Sign in sign out sheet was re-initiated starting 12/04/19. PCG will keep on clipboard to sign with report to substitute caregivers
54(c)5	Lapse cannot be corrected, but December 2019 Medication administration record for clients 2 and 3 were immediately faxed to PCG to initiate	12/04/19	PCG will place alert on calendar to call case management agency for medication administration record if not arrived by 3rd week of the month for the next month
54(c) 8	Personal inventory for client # 3 has been completed and signed 12/05/19	12/05/19	Personal inventory will be completed and signed by all parties upon each admission, and when inventory is changed by addition or removal of items

Primary Caregiver's Signature:

Imelda B. DeJesus

Print Name:

IMELDA B. DEJESUS Date of Signature: 12/05/2019